



# Senate Health and Human Services Committee Hearing

## **Recommendations to Improve Services for High Needs Children in Texas Foster Care**

**April 20, 2016**

# SERVICE SETTINGS FOR HIGH NEEDS KIDS

## CHILD PLACING AGENCY (CPA)

- Provide Services in Therapeutic Foster Homes at the Specialized or Intense Level.
- Treatment Setting/Treatment Director.
- Additional Specialized Trauma Informed Training.
- 24-hour Supervision, Support, Crisis Management.
- Additional License Required to Operate a Residential Facility.

## RESIDENTIAL TREATMENT CENTER

- Provide Services in Facilities at the Specialized or Intense Level.
- Highly Trained Staff.
- Provide 24-hour Supervision.
- Higher Child /Staff Ratios.
- Treatment Director.
- Additional License Required to Operate as a Child Placing Agency.

# CONTRACTOR AUTHORITY

## RESPONSIBILITIES

- Recruit, train, supervise, and support foster families; residential staff.
- CPA recommends placements in homes they verify.
- Manage the case of the child while placed in their care.
- Monthly face-to-face visits, service plans, assessments.
- Can request transfer of a child out of their care.

## LIMITATIONS

- Services, plans, treatment, and case management limited to the child while placed with the CPA or RTC.
- Not authorized to work with biological family.
- No authority to make placements or placement changes.
- No funding or responsibility to plan transition placements for the child as he/she improves or needs more services.
- Limited access to wrap around or targeted case management services.

# RECOMMENDATIONS TO IMPROVE SERVICES TO HIGH NEEDS CHILDREN

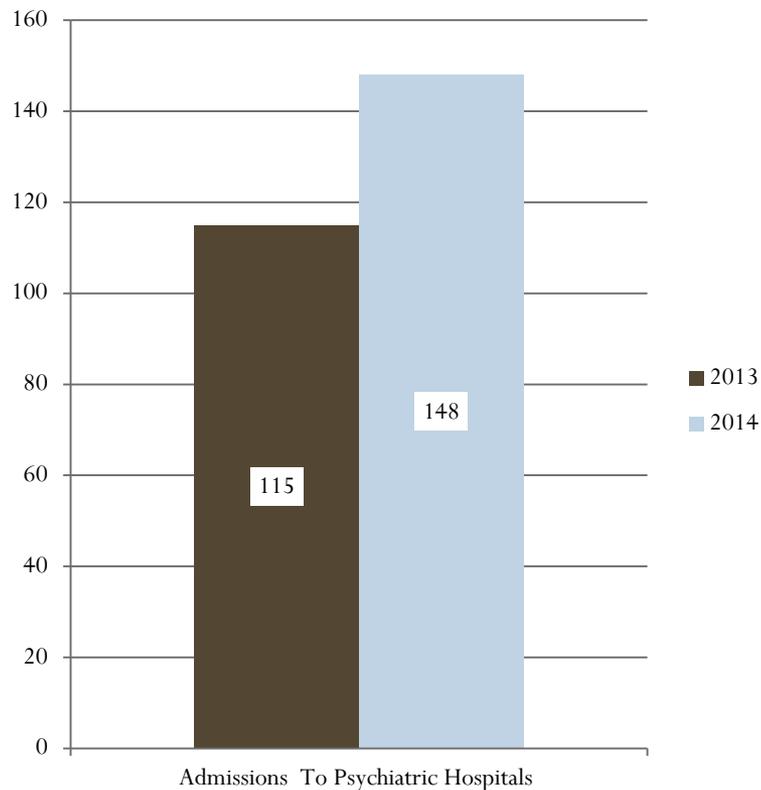
- Revise Funding/Rate Methodology.
- Improve Access to Rehabilitative Services / Targeted Case Management.
- Pilot Case Management/Care Coordination Model for Targeted Population.
- Support Performance Contracts.
- Address Data Accuracy Critical to Monitoring Performance.
- Understand Business of Capacity Building.
- Support Foster Care Redesign.

# FOSTER CARE RATE METHODOLOGY

- Rate Methodology Adopted 15 years ago.
- No revision of Cost Categories or Time Studies.
- No Modeling of Best Practice Training or Services.
- No Incentives Payments for Quality, Caseloads or Staff Ratios.
- No Funding to Work with Biological Families.
- No Funding to Transition Children from Residential Settings.
- Dramatic Drop in Funding From Intense to Specialized Services.

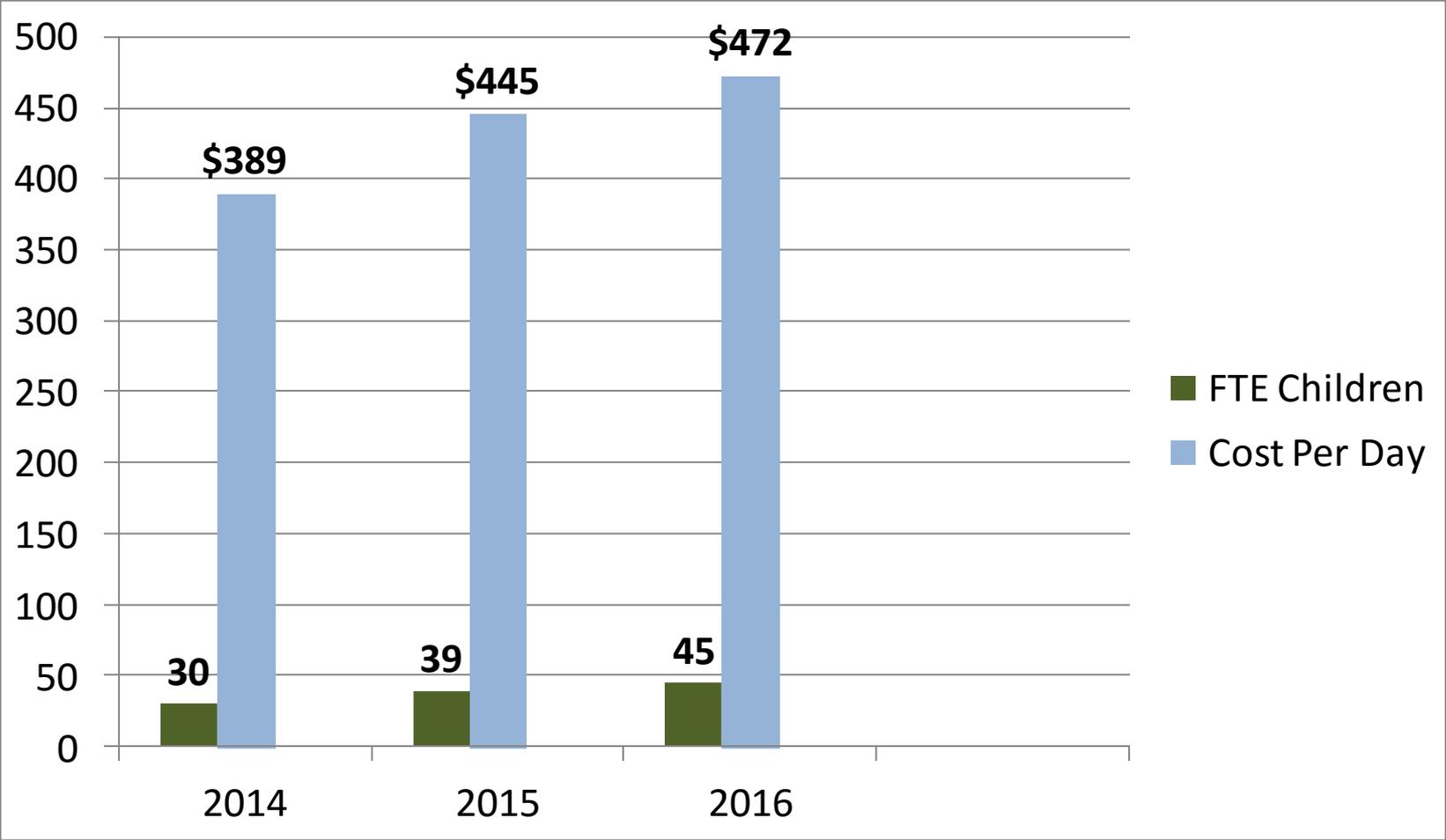
# REPERCUSSIONS OF OUTDATED METHODOLOGY

## Increased Admissions to Psych Hospitals



- Creation of Costly Specialized Payments:
  - Child Specific Contracts: \$472/day
  - Psychiatric Transition: \$374/day
  - Sub Acute Care: \$655/day
- Decrease in Placement Capacity for High Acuity
  - Few options at hospital discharge
- Multiple Placement Moves
  - 2.7 average moves
  - 5.7 average emotional high needs

# GROWTH IN CHILD SPECIFIC CONTRACTS



# FUNDING SOLUTIONS

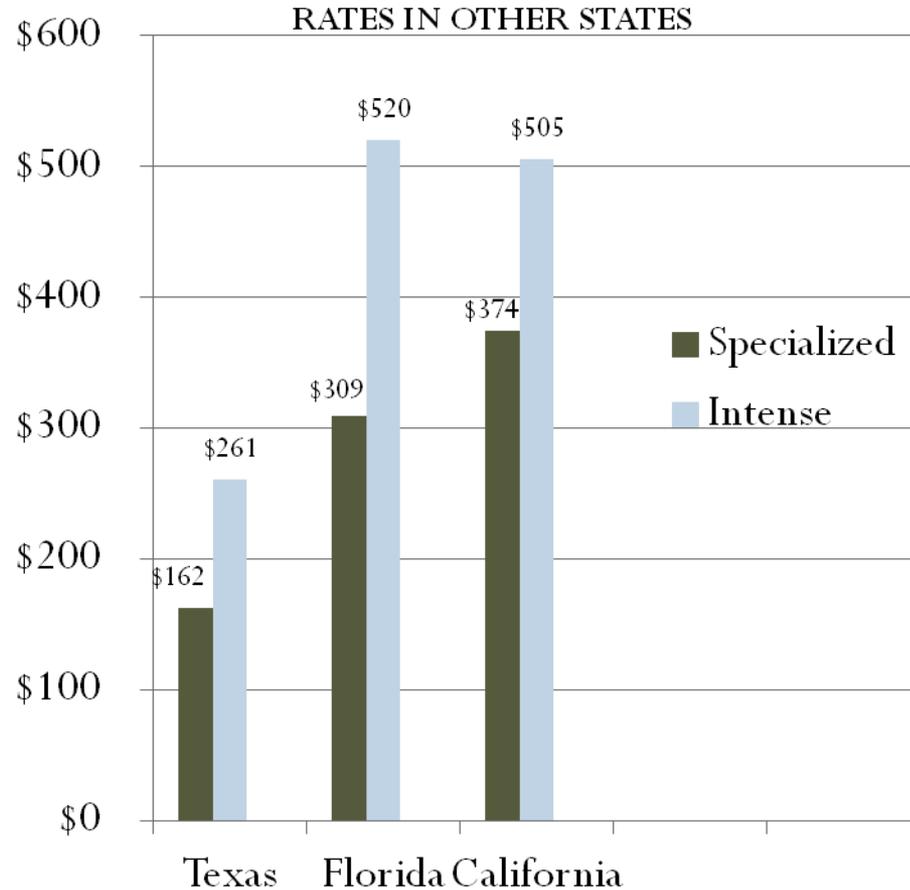
**Model Cost of Care** to Establish Base Funding for High End Residential.

**Maintain Funding** Levels for Intense and Specialized Services. (*Utilization Review at Six Months, not 90 days, for Specialized and Intense*)

**Provide Complete History / Assessment** before Admission.

**Judge Performance** Through Outcomes.

**Access Medicaid TCM/** Rehabilitative Services to Supplement Rate.



*Nineteen additional States surveyed do not lower the rate from Intense to Specialized. (\$388 daily average rate)*

# NEEDED TARGETED CASE MANAGEMENT REHABILITATIVE SERVICES

- STAR Health contracted to provide mental health rehabilitative and targeted case management (TCM) services.
- Services have been under-utilized in foster care system.
- Recent legislation enables CPAs to become credentialed providers .
  - Obstacles in expense and length of credentialing process.
  - Substantial financial investment required by CPA to front costs.
- Services critical to high acuity children include:
  - Skills training and development.
  - Day program for acute needs.
  - Crisis intervention.
  - Psychosocial rehabilitation services.
  - Medication training and support.

# SUPPORT CARE COORDINATION PILOTS

- Build accountable case management process for high acuity children.
  - Currently CPS and CPAs engage in separate case planning which can negatively impact results and outcomes.
- Pilots would consolidate care coordination with a CPA contracted to deliver well-being and permanency outcomes.
  - Improves transition between settings.
  - Improves accountability and service access and coordination.
- Clear definition of population critical. Initial focus on select group of emotional high acuity children.
- Pilots would be assumed by SSCCs when Foster Care Redesign expands to more regions. Option for one pilot in Redesign.
- Several states operate programs to coordinate care for high acuity children.

# ENHANCED ACCOUNTABILITY

Source : The Stephen Group Report

CURRENT CASE MANAGEMENT STRUCTURE			ENHANCED ACCOUTABILITY STRUCUTRE	
Child Protective Services	Child Placing Agency		Child Protective Services	Child Placing Agency
Court/Legal responsibilities			Court/Legal responsibilities	
Ensuring needs of children are met while in care			Ensuring needs of children are met while in care	
Placement				<b>Placement</b>
Monthly face-to-face child visits	Monthly face-to-face child visits		Monthly face-to-face child visits	Monthly face-to-face child visits
Service Planning (child and family)	Service Planning (child)		Joint service planning (child and family)	<b>Lead on service planning but joint service planning (child and family)</b>
	Coordination of CPA Provided services		Monitoring that service coordination is occurring	<b>Total coordination of CPA-provided services, medical services, behavioral health services</b>
	Provision of Targeted Case Management for complex behavioral health cases			<b>Responsible for ensuring provision of Targeted Case Management for complex behavioral health cases-may provide or contract with LMHAs/other CPAs</b>

# PERFORMANCE CONTRACTING

Performance-based contracting can improve quality if:

- Outcomes align with contractor authority.
- Data accurately captures contractor activity.
- Outcomes are defined and data is captured consistently by CPS and contractor.

Performance-based contracting pilot underway (64 contractors):

- Outcomes consistent where possible with Foster Care Redesign.
  - SSCC has placement and service management responsibilities that strengthen outcomes.
- Data inconsistencies must be resolved during the pilot.
- Goal for statewide implementation and contractor scorecard in 2017.

# ACCURATE PUBLIC/PRIVATE DATA

- CPS data accuracy issues.
- Reconciliation across systems (IMPACT and the private agency data) takes time.
- Conflicted Data undermines accuracy of performance measures.
- Flawed performance measures undermines drive toward quality care.
- Federal SACWIS did not support interoperability of systems without duplication of human intervention.
- Federal rules changed to support interoperability in October, 2015.
- State system changes needed to implement rule change are critical to performance contracts.

# BUSINESS OF CAPACITY BUILDING

## FOSTER HOME DEVELOPMENT

- Licensing and contract standards influence capacity building.
  - Proximity of homes affects staffing and branch office requirements.
  - Supervision, crisis management and visitation requirements affect proximity of home development.
- CPA retainage rate critical to development of quality homes and to keep children safe.
- Regional cost differences not recognized in rates.

## RESIDENTIAL FACILITIES

- Start up funding.
- Zoning requirements.
- DFPS decisions / needs change.
- Funds drop intense to specialized.
- Federal Legislation impact on residential facility costs:
  - Courts role increases.
  - Numerous case reviews.
  - Accreditation and more staffing requirements.

# SUPPORT FOSTER CARE REDESIGN

Texas Alliance of  
Child and Family  
Services

An association  
representing non-  
profit organizations  
serving children and  
families throughout  
Texas.

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- Foster Care Redesign addresses capacity and placement issues identified in the report.
- Redesign works with the community and mobilizes resources to meet the needs of high acuity children.
- Redesign needs greater access to Medicaid TCM and Rehabilitative Services.
- The SSCC does not have the care coordination authority for the proposed pilot.
- Recommend incorporating this authority with the SSCC, as well as implementing pilots in non-catchment areas.